

**DEPARTMENT OF PUBLIC HEALTH AND HUMAN SERVICES
CHAPTER 27
CHEMICAL DEPENDENCY PROGRAMS**

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Subchapter 1
Approval of Chemical Dependency Programs

37.27.102 DEFINITIONS In addition to the terms defined in 53-24-103, MCA:

- (1) "ADIS" means the alcohol and drug information system.
- (2) "Administrator" means the person in charge, care or control of the treatment program and responsible for the operation of the program.
- (3) "Aftercare" means counseling services provided to a client, who has completed inpatient or intensive outpatient care, to enhance the chances of recovery. This service is provided at least once weekly (generally group) for a period of at least 12 weeks.
- (4) "Approved list" means the listing of the department approved workshops relevant to chemical dependency personnel and trainers who possess the qualifications to train such personnel.
- (5) "Biopsychosocial assessment" means a comprehensive assessment which includes a history of the use of alcohol and other drugs, physical, emotional, social and spiritual needs. This assessment corresponds to the checklist of dimensional admission criteria utilized in patient placement.
- (6) "Capacity grace period" means if, through lack of capability or other reason, the department is unable to accommodate an applicant for testing, a grace period will be granted to operate on registration alone until the applicant can be tested.
- (7) "Chemical dependency counselor" means an individual licensed as a licensed addiction counselor pursuant to 37-35-202, MCA, and as described in ARM 8.11.101 through 8.11.120.
- (8) "Client" means a person being treated for a chemical dependency related problem who is formally admitted to the program within the admission criteria set by the program.
- (9) Counseling:
 - (a) "Family" means face-to-face interaction between a certified or eligible chemical dependency counselor and family member or members for a specific therapeutic purpose.
 - (b) "Group" means face-to-face interaction between two or more clients and a certified or eligible chemical dependency counselor for a specific therapeutic purpose.
 - (c) "Individual" means a face-to-face interaction between a certified or eligible chemical dependency counselor and an individual client for a specific therapeutic purpose.
- (10) "Day treatment care component" means services for persons requiring a more intensive treatment experience than intensive outpatient but who do not require inpatient treatment. This level of care provides at least five hours of contact time per day for at least four days per week. This service is generally provided with in an inpatient setting and requirements for services are the same with the exception of residential.
- (11) "Detoxification (emergency care) component" means the services required for the treatment of persons intoxicated or incapacitated by alcohol and/or drugs. Detoxification involves clearing the system of alcohol and/or drugs and enabling individual recovery from the effects of intoxication. These services include screening of intoxicated persons, counseling of clients to obtain further treatment, and referral of detoxified persons to other appropriate treatment programs. Medical detoxification refers to short term treatment in a licensed medical hospital. Non-medical detoxification refers to short term treatment in a social setting with 24 hour supervision.
- (12) "Documentable or documented" means a person who by position is found credible by the department (e.g., a program director, personnel manager, program board officer) and will sign a form attesting the dates, hours, and job titles reported for salaried employment or annual clock hours of service per year for volunteers, etc., as required. For academic work this would be an official transcript. For workshop, it would be a record of the training or affidavit.
- (13) "Duplication" means counting the same point earning activity in more than one point category.
- (14) "Examination eligibility" means applicants must be on the registry in categories A or B to take oral, performance, and written tests. An applicant failing three times to attain a passing grade on any examination must wait one year before attempting the examinations again.

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- (15) "Facility" means the physical area (grounds, buildings or portions thereof) where program functions take place under the direct administrative control of a program administrator.
- (16) "Field" means all persons currently employed in a state accepted program, serving as a board member of such a program, serving on any state level advisory board for the department, or employed directly or on contract by the department.
- (17) "Follow up" means the process of providing continued contact with a discharged client to support and increase gains made to date in the recovery process and to gather relevant data.
- (18) "Full-time equivalent (FTE)" means an individual employed 40 hours per week in an accepted program (a half time FTE equals 20 hours per week).
- (19) Governing body" means the individual or group which is legally responsible for the conduct of the program.
- (20) "Inpatient free standing care component" means treatment for persons requiring 24 hour supervision in a community based residential setting. Services include a physical exam signed by a licensed physician; chemical dependency education; organized individual, group and family counseling; discharge referral to necessary supportive services and a client follow up program after discharge.
- (21) "Inpatient-hospital care component" means treatment for persons requiring 24-hour supervision in a licensed hospital or suitably equipped medical setting licensed by the department under 50-5-201, MCA. Services include medical evaluation and health supervision; chemical dependency education; organized individual, group and family counseling; discharge referral to necessary supportive services; and a client follow up program after discharge.
- (22) "Intensive outpatient care component" means treatment for persons requiring a structured outpatient program providing at least 10 to 30 hours of counseling and chemical dependency education services per week for a duration of four to six weeks. Services shall include assessment, group, individual, and family counseling, chemical dependency education, referral and discharge.
- (23) "Intermediate care (transitional living) component" means a non-medical residential facility in a community based setting. These facilities provide a transitional phase for individuals who have recently received chemical dependency inpatient care services and require a moderately structured living arrangement. Services provided include counseling services (individual and group), chemical dependency education and social and recreational activities. These individuals are encouraged to seek vocational rehabilitation, occupational training, education and/or employment as soon as possible.
- (24) "Judges" means persons rating work performance tapes.
- (25) "Limited approval" means a status of state approval granted to chemical dependency treatment programs which are requesting approval for the first time and who have not attained substantial compliance specified in these rules. Limited approval is granted to provide them with time to comply with standards. Limited approval shall not be issued for more than a six month period.
- (26) "Medicaid provider of substance dependency and abuse treatment services" means a state approved inpatient free standing, intensive outpatient, outpatient, or intermediate care provider of chemical dependency treatment services. The provider must be enrolled in the substance dependency/abuse medicaid rehabilitation option 32 set forth in ARM 37.27.901. To be enrolled the provider must meet the standards and follow the procedures adopted and incorporated by reference in ARM 37.27.912.
- (27) "Outpatient care component" means services provided on a regularly scheduled basis to clients residing outside a program. Services include crisis intervention; counseling; chemical dependency education; referral services; and a client follow up program after discharge.
- (28) "Outreach" means the process of reaching into a community systematically for the purpose of identifying persons in need of services, alerting persons and their families to the availability of services, locating other needed services, and enabling persons to enter and accept those services.
- (29) "Panel" means the group of three persons who conduct oral examinations for an endorsement area.
- (30) "Panelist" means a person serving on an oral examination panel.
- (31) "Person(s)" means an individual or a group of individuals, association, partnership or corporation.
- (32) "Physician" means a medical doctor licensed by the state of Montana.

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- (33) "Program" means the general term for an organized system of services designed to address the treatment needs of clients.
- (34) "Program effectiveness" means utilization of measurable indicators to demonstrate effectiveness.
- (35) "Quality assurance" means a program and/or efforts designed to enhance quality care through an ongoing objective assessment of important aspects of client care and the correction of identified problems.
- (36) "Registry" means the list on which applicants for certification are placed.
- (37) "Removal from system" means any applicant who has been on the registry for two years without obtaining sufficient points for certification will be dropped from consideration. Those who are dropped may not reapply for a period of two years.
- (38) "Residential" means a facility providing 24 hour care, room and board.
- (39) "Restricted approval" means a status of state approval granted to an approved chemical dependency treatment program which has failed to maintain substantial compliance. Restricted status is issued for a maximum of 90 days in order to allow programs to meet substantial compliance. This approval cannot be renewed.
- (40) "Revoke" means invalidation of approval of a chemical dependency program.
- (41) "Role play" means a spontaneous exchange between the counselor and the person playing the part of the client for the purposes of the taped work sample. Reading from a prepared script will not be considered as a test of counselor competency.
- (42) "Rounding" means that if totaling and averaging (e.g., with FTEs) result in fractional points, these will be rounded down to reflect amounts clearly earned.
- (43) "State approved program" means a program reviewed and accepted by the department to provide substance dependency services.
- (44) "Substantial compliance" means conformity with at least 70% of the rules and regulations for each applicable service component as described in this chapter.
- (45) "Suspension" means invalidation of approval of a chemical dependency treatment program for any period less than one year or until the department has determined substantial compliance and notifies the program of reinstatement.
- (46) "Trainee/intern privileges" means authorization by a certified counselor to allow a trainee or intern to provide counseling services on a progressive basis which are closely monitored and supervised within well described limits and are based on their training, experience, demonstrated competency, ability and judgment.
- (47) "Training day" means a training day is six to 10 hours of continuous training. When dates and hours are available, credit will be granted.
- (48) "Volunteers" means a person or persons who offer their services free of charge.
- (a) "Active volunteer" means an individual who has 50 hours per year of volunteer time.

(History: Sec. 53-24-204, 53-24-208, 53-24-209 and 53-24-215, MCA; IMP, Sec. 53-24-204, 53-24-208, 53-24-209 and 53-24-215, MCA; TRANS, Ch. 280, L. 1975, Eff. 1/2/77; AMD, 1981 MAR p. 1899, Eff. 1/1/82; AMD, 1983 MAR p. 1463, Eff. 10/14/83; AMD, 1985 MAR p. 1768, Eff. 11/15/85; AMD, 1987 MAR p. 2383, Eff. 12/25/87; AMD, 1990 MAR p. 737, Eff. 4/13/90; AMD, 1992 MAR p. 1477, Eff. 7/17/92; TRANS, from DOC, 1998 MAR p. 1502; AMD, 2003 MAR p. 803, Eff. 4/25/03.)

Rules 03 through 07 reserved

37.27.108 ADMINISTRATIVE MANAGEMENT - GOVERNING BODY

- (1) A program shall have a governing body which is legally responsible for the conduct of the program.
- (2) The governing body shall establish a philosophy of policies and goals.
- (3) Policies shall be in writing governing admissions, discharges, length of stay, diagnostic groups to be served, scope of services, treatment regimens, staffing patterns, recommendations for continued treatment by referral or otherwise, and provision for a continuing evaluation of the program.

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(4) The governing body shall be responsible for providing personnel, facilities, and equipment needed to carry out the goals and objectives of the program and meet the needs of the residents.

(5) The governing body shall appoint an administrator.

Policies shall be in writing governing the qualifications and responsibilities of the administrator.

(History: Sec. 53-24-209, MCA; IMP, Sec. 53-24-208, MCA; TRANS, C. 280, L. 1975, Eff. 1/2/77; TRANS, from DOC, 1998 MAR p. 1502.)

Rules 09 through 14 reserved

37.27.115 ALL PROGRAMS - ACCEPTANCE OF PERSONS INTO THE TREATMENT PROGRAM (1) The program shall ensure compliance with 53-24-209, MCA.

(2) The program shall admit and care for only those persons for whom they can provide care and services appropriate to the person's physical, emotional, and social needs.

(3) If a chemically dependent person is not admitted to an approved treatment program for the reason that adequate and appropriate treatment is not available at that program or facility, the administrator shall refer that person to another treatment program at which adequate and appropriate treatment is available.

(4) Approved chemical dependency treatment programs shall provide services to persons with alcohol and alcohol related problems, or to their families, without regard to source of referral, race, color, creed, national origin, religion, sex, age or handicap.

(5) An individualized treatment plan specifically tailored to meet the needs of the individual client shall be prepared and maintained on a current basis for each client.

(6) The staff of a program shall develop an appropriate referral plan for the client to effect total and complete recovery and rehabilitation. Staff shall actively assist clients to make contact with alcoholics anonymous, social and welfare agencies, and other treatment programs suitable for follow-up care upon discharge from the program.

(History: Sec. 53-24-209, MCA; IMP, Sec. 53-24-209, MCA; TRANS, C. 208, L. 1975, Eff. 1/2/77; AMD, 1981 MAR p. 1899, Eff. 1/1/82; AMD, 1983 MAR p. 1463, Eff. 10/14/83; TRANS, from DOC, 1998 MAR p. 1502.)

37.27.116 ALL PROGRAMS - CLIENTS RIGHTS (1) All approved chemical dependency treatment programs shall make reasonable efforts to assure the right of each client to:

(a) Be treated with respect and dignity.

(b) Be treated without regard to physical or mental disability unless such disability makes treatment afforded by the facility nonbeneficial or hazardous.

(c) Have all clinical and personal information treated confidentially in communications with individuals not directly associated with the approved chemical dependency treatment program.

(d) Be provided reasonable opportunity to practice the religion of his or her choice, alone and in private, insofar as such religious practice does not infringe on the rights and treatment of others, or the treatment program. The client also has the right to be excused from any religious practice.

(e) Not be denied communication with family in emergency situations.

(f) Not be subjected by program staff to physical, psychological or sexual abuse, corporal punishment, or other forms of abuse administered against their will including being denied food, clothing or other basic necessities.

(g) Have services for men and women which reflect an awareness of the special needs of each gender. All residential facilities shall provide equivalent, clearly defined, and well supervised sleeping quarters and bath accommodations for male and female clients.

(h) Have access to an established client grievance procedure.

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(History: Sec. 53-24-105 and 53-24-305, MCA; IMP, Sec. 53-24-305, MCA; TRANS, C. 280, L. 1975, Eff. 1/2/77; AMD, 1981 MAR p. 1899, Eff. 1/1/82; AMD, 1983 MAR p. 1463, Eff. 10/14/83; AMD, 1990 MAR p. 737, Eff. 4/13/90; TRANS, from DOC, 1998 MAR p. 1502.)

Rules 17 through 19 reserved

37.27.120 ALL PROGRAMS - ORGANIZATION AND MANAGEMENT (1) The administrative organization of all approved chemical dependency treatment programs shall ensure that:

- (a) Lines and delegation of authority, responsibilities, structure and reporting relationships are explicitly stated in writing and delineate all staff positions and functions. Supervision must be clearly demonstrated.
- (b) Development and implementation of a policies and procedures manual describing in detail the program services and personnel services and includes all policies and procedures required by these rules.
- (c) The policy and procedure manual is reviewed and revised as necessary to keep it current.
- (d) The program administrator reports to the governing body at least quarterly on progress toward goals and objectives which contain all of the required effectiveness indicators.
- (e) The program will develop and conduct program self evaluations and report results to the governing body.
- (f) Adequate staff to meet client requests for services and professional counseling staff/client ratios are at an acceptable level as determined by the department.
- (g) All clients have individualized treatment plans. These treatment plans shall:
 - (i) Be designed to help the client understand and overcome his or her illness.
 - (ii) Be the focal point in the documentation of the treatment of the client.
 - (iii) provide summary statements of the clients' problems, appropriate realistic goals, and strategies for achieving goals. Goals should be defined as long or short term.
 - (iv) Delineate the treatment process.
 - (v) Reflect all services provided to the client and itemize the basic purpose of each service.
 - (vi) Be reviewed and updated as appropriate for the component.
- (h) That progress notes are maintained on all clients. Progress notes shall:
 - (i) Be required to provide documentary evidence of person-to-person services provided to the client.
 - (ii) Be used in conjunction with the treatment plan to assess progress made in attaining treatment plan goals and ensure needed modifications. (These may occur as staffing notes.)
 - (iii) Relate to the treatment plan, i.e., if a new problem is identified in the note it must also be entered on the plan.
 - (iv) Be the primary tool for reviewing clients' progress.
 - (v) Include documentation of important events, information, reported third party statements affecting the client and contacts from referral sources.
 - (vi) Be written specific to each service component. One of these should be a staffing note.
- (i) A properly completed "authorization for release of information form" which meets all the federal and state requirements is completed for each disclosure of information concerning the client.
- (j) Dimensional admission, continued stay and discharge criteria must be developed for each component to promote the least restrictive level of care and encompass the following dimensions:
 - (i) Alcohol and/or drug intoxication and/or potential withdrawal;
 - (ii) Physical conditions or complications;
 - (iii) Emotional/behavioral conditions and complications;
 - (iv) Treatment acceptance/resistance;

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- (v) Relapse potential;
- (vi) Recovery environment (support systems);
- (vii) Considerations - two factors must be considered in making treatment placement decisions which override the patient treatment match determined by these criteria:
 - (A) prior treatment failure and
 - (B) availability of the selected level of care. A treatment failure at any given level of care may indicate the need for treatment at a higher level of care.
Note: Nationally recognized samples of dimensional admission, continued stay, and discharge criteria are available at the department of public health and human services, addictive and mental disorders division.

(k) Security measures are adequate and are in compliance with the confidentiality rules and regulations.

(l) Client records are retained according to the following guidelines:

(i) If a state approved chemical dependency program is receiving public funds through a contract, grant or written agreement with federal, state, county or city agencies, records must be retained 5 years beyond the termination date of said contract, grant or written agreement. Records shall be retained beyond the 5 year period if an audit is in process or if any audit findings, litigations or claims involving the records have not been resolved. The retention period for each year's records starts from date of submission of the annual or final report of expenditures (financial status report or equivalent).

(ii) If a state approved program is not receiving public funds (federal, state, county or city) records must be retained 5 years beyond the fiscal year end (June 30th) in which that client was most recently discharged from that program. Records shall be retained beyond the 5 year period if an audit is in process or if any audit findings, litigations or claims involving the records have not been resolved.

(m) Facilities are clean and well maintained.

(n) Accounting and fiscal procedures are adopted which ensure financial accountability and meet all federal, state and county requirements.

(o) A sliding fee schedule is adopted based on ability to pay for all individuals receiving treatment services provided by approved chemical dependency programs. (53-24-108(4), MCA)

(p) They maintain at least \$300,000 liability insurance and professional liability insurance on all staff providing counseling service and workers' compensation on all personnel. (q) Sub-contracts and service agreements include a description of services; basis for payment; total amount of contract; duration of contract; and appropriate signatures of program administration and a representative of the governing body.

(History: Sec. 53-24-204, 53-24-207 and 53-24-208, MCA; IMP, Sec. 53-24-208, 53-24-209 and 53-24-306, MCA; TRANS, C. 280, L. 1975, Eff. 1/2/77; AMD, 1981 MAR p. 1899, Eff. 1/1/82; AMD, 1983 MAR p. 1463, Eff. 10/14/83; AMD, 1985 MAR p. 1768, Eff. 11/15/85; AMD, 1987 MAR p. 2383, Eff. 12/25/87; AMD, 1992 MAR p. 1477, Eff. 7/17/92; TRANS, from DOC, 1998 MAR p. 1502.)

37.27.121 ALL PROGRAMS - PERSONNEL, STAFF DEVELOPMENT AND CERTIFICATION

(1) There shall be sufficient qualified and certified chemical dependency counselors, clerical and other support staff, who are not of the present client population, to ensure the attainment of program service objectives and properly maintain the chemical dependency treatment facility. Supervision of all professional and support staff must be clearly demonstrated. This shall not preclude the assignment of work to a client when the assignment is part of the client's treatment program, the client's work assignment has therapeutic value, and the client works under the immediate supervision of a certified staff member.

(2) There shall be written and current job descriptions for each position within the program which details duties, responsibilities and minimum qualifications.

(3) Certification:

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- (a) Pursuant to 53-24-204, MCA state approved programs must comply with personnel certification rules defined in ARM 20.3.401 through 20.3.416.
- (b) Failure to adhere to any of the above regulations could result in the suspension or revocation of program approval.
- (c) Programs must ensure adequate supervision of eligible staff in the certification process, particularly in the 12 core areas as defined in 53-24-215, MCA.
- (4) The alcohol treatment program shall maintain personnel files on each employee which contains a job description, resume and/or application, payroll records, performance evaluation and documentation of certification and training.
- (5) A planned, supervised orientation shall be provided to each new employee to acquaint him or her with the organization of the program, physical plant layout, his or her particular duties and responsibilities, the policies, procedures, and equipment which are pertinent to his or her work and the disaster plan for the facility.
- (6) Each employee shall have a tuberculin test upon employment.
- (7) Employees with a communicable disease in an infectious stage shall not be on duty.
- (8) Chemical dependency treatment programs may use volunteers provided that:
 - (a) Selection criteria are established.
 - (b) A written plan is available describing how volunteers will be used.
 - (c) Volunteers are provided orientation, ongoing training, and that they sign a confidentiality statement.
 - (d) Volunteer hours are documented as per ADIS reporting procedures.
 - (e) Volunteers are not used for counseling unless they are certified or eligible.
- (9) Programs may develop a trainee/intern practicum providing that:
 - (a) All trainee/intern progress notes are co-signed by a certified counselor.
 - (b) A system of trainee/intern privileges is established based on training and competency.
 - (c) An outline of the practicum has been reviewed by the department.

(History: Sec. 53-24-204, 53-24-208 and 53-24-215, MCA; IMP, Sec. 53-24-204 and 53-24-208, MCA; TRANS, C.280, L. 1975, Eff. 1/2/77; AMD, 1981 MAR p. 1899, Eff. 1/1/82; AMD, 1983 MAR p. 1463, Eff. 10/14/83; AMD, 1985 MAR p. 1768, Eff. 11/15/85; AMD, 1987 MAR p. 2383, Eff. 12/25/87; AMD, 1992 MAR p. 1477, Eff. 7/17/92; TRANS, from DOC, 1998 MAR p. 1502.)

Rules 22 through 27 reserved

37.27.128 DETOXIFICATION (EMERGENCY CARE) COMPONENT

REQUIREMENTS (1) Patient placement criteria shall be developed and address the following:

- (a) Non-hospital detoxification - admission of clients to a chemical dependency detoxification component shall be limited to persons who need detoxification services with 24-hour supervision and do not manifest signs and symptoms of a condition which warrants acute care and treatment in a hospital. Persons shall demonstrate at least one of the following: a significant likelihood of the development of a withdrawal syndrome; previous history of having failed at attempts at outpatient withdrawal; the presence of a medical condition serious enough to warrant inpatient (not hospital) management and/or isolated medical symptoms of concern as identified by a licensed physician. Services are provided in a non-hospital approved chemical dependency program.
- (b) Hospital detoxification - Admission to this level of care is designated for persons requiring a hospital setting due to acute intoxication, unconsciousness, withdrawal of significance, other physical conditions related to the patient's chemical dependency. An acute care hospital license is required for this service, not an approval designation.
- (c) Dimensional admission criteria shall address ARM 37.27.120(1)(j)(i)(ii) and (iii).
- (d) Continued stay criteria shall be based on ARM 37.27.120(1)(j)(i)(ii) and (iii) and justify an extension if detoxification lasts over 3 days.

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- (e) Discharge criteria shall be based on ARM 37.27.120(1)(j)(i)(ii) and (iii) and demonstrate successful completion of this level of care or transfer.
- (2) Detoxification services shall include:
 - (a) Admission and screening services in accordance with dimensional admission criteria to substantiate the appropriateness of treatment.
 - (b) A safe and protective environment.
 - (c) Protection from the development of life threatening mental and physical symptoms that may ensue when a habitual and excessive drinker or drug abuser abruptly terminates his drinking or drug usage.
 - (d) Twenty-four hour, 7-day a week supervision.
 - (e) Medical screening which includes medical history, vital signs, screening for a diversity of medical/surgical conditions, emotional problems, contagious disease, vermin infestation, observation of client's emotional behavior and physical discomfort. If the client is found to be totally incapacitated by alcohol or drugs he/she shall be examined by a licensed physician.
 - (f) Counseling services designed to facilitate motivation of the person to accept referral into a continuum of care.
 - (g) Transportation services as appropriate.
 - (h) Referral, discharge and follow-up services that ensure continuity of care after discharge.
- (3) Staff requirements:
 - (a) At least one registered nurse for supervision of medical screening.
 - (b) All detoxification staff shall be knowledgeable about medical conditions, skilled in observation and eliciting information pertinent to assessment of a health problem and competent to recognize significant signs and symptoms of illness or trauma. In addition, staff shall possess a valid and current red cross card or certificate for first aid cardiopulmonary resuscitation or the equivalent.
 - (c) A minimum of one staff member on duty for admitting, treating and discharging purposes.
 - (d) Adequate staff to guarantee care as defined in this section.
- (4) The program shall develop policies and procedures to address the previously listed services, staff requirements and the criteria in ARM 37.27.115.
- (5) Residential requirements for detoxification (emergency care) component shall include:
 - (a) A facility license from the department of public health and human services or, if under 8 beds, a fire, life and safety sign-off by appropriate officials.
 - (b) Adequate food service which includes a 30-day menu and a week's food supply or contract for food services. Also juice and snacks must be available.
 - (c) Availability of articles necessary for personal hygiene.
 - (d) Documented availability of a licensed physician for referral, emergencies and consultation with the staff nurse.
 - (e) An affiliation agreement with a licensed hospital and access to medical, surgical, dental and psychiatric care a licensed physician, medical screening, care of residents with minor acute illnesses, medical emergencies, first aid, dangerous behavior, cardiopulmonary resuscitation, and care of residents having convulsions.
 - (g) Policies and procedures on medication control which address the handling, storing and administration of medications within the facility according to federal and state regulations. Note: Only a registered nurse or a licensed practical nurse may administer medications, otherwise the self-administration system must be utilized.
 - (h) Client admission register which designates date of admission, date of discharge, discharge and referral note.
- (6) Client record keeping and reporting requirements specific to the detoxification component shall include:

- (b) Date of admission.

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- (c) Admission/utilization review note, which justifies the admission to this level of care based on compliance with dimensional admission criteria.
- (d) Social history.
- (e) Documentation of a medical screening which includes vital signs.
- (f) Documentation of all supportive services contacts.
- (g) Individualized treatment plan which is reviewed and updated daily and includes an aftercare plan. The plan shall meet the requirements of ARM 37.27.120(g).
- (h) Progress notes written for every 8-hour shift and meeting the requirements of ARM 37.27.120(h).
- (i) A discharge summary that includes a description of the client's physical condition and status of recommended referral.
- (7) Program effectiveness and quality assurance efforts including individual case review and utilization reviews.
 - (a) Individual case review is a procedure for monitoring a client's progress and is designed to ensure the adequacy and appropriateness of the services provided to that client and shall:
 - (i) Be designed to ensure that the care provided for clients is evaluated and updated according to the needs of each individual.
 - (ii) Be accomplished through daily staffing. Appropriate treatment staff must participate.
 - (iii) Ensure a staffing note is developed at the staffing meeting and inserted in the progress notes. An aftercare plan shall be formulated, reviewed and documented.
 - (b) Utilization and effectiveness review is a process of using patient placement criteria to evaluate the necessity and appropriateness of allocated services and resources to ensure that the program's services are necessary, cost efficient and effectively utilized. Utilization and effectiveness reviews shall:
 - (i) Utilize patient placement criteria to justify the necessity of admissions, continued stay, transfer and discharge at timely intervals and document via a utilization review note.
 - (ii) Be designed to achieve cost efficiency, increase effective utilization of the program's services, and ensure the necessity of services provided.
 - (iii) Address under-utilization and inefficient scheduling as well as over-utilization of the program's resources.
 - (iv) Ensure methods for identifying utilization related problems which include bed utilization, length of stay, recidivism, supportive services, effectiveness of an aftercare plan based on verification of referrals for a continuum of care, as well as utilization of the findings of related quality assurance activities and all relevant documentation.
 - (v) Be conducted at least quarterly.

(History: Sec. 53-24-204 and 53-24-208, MCA; IMP, Sec. 53-24-208, MCA; NEW, 1981 MAR p. 1899, Eff. 1/1/82; AMD, 1983 MAR p. 1463, Eff. 10/14/83; AMD, 1985 MAR p. 1768, Eff. 11/15/85; AMD, 1987 MAR p. 2383, Eff. 12/25/87; AMD, 1992 MAR p. 1477, Eff. 7/17/92; TRANS, from DOC, 1998 MAR p. 1502.)

37.27.129 INPATIENT - HOSPITAL COMPONENT REQUIREMENTS (1) Patient placement criteria shall address the following:

- (a) Persons requiring intensive residential care for the treatment of chemical dependency in a hospital or suitably equipped medical setting due to acute intoxication, withdrawal, other physical and/or emotional/behavioral conditions related to the patient's chemical dependency or whose chemical dependency has progressed to the point where a hospital setting is required to provide the treatment intensity necessary to address the severity of the condition. Typically, admission to this level requires a patient likely to develop a withdrawal syndrome of significance if not medically treated; and/or the presence of significant numbers of neurological and neuropsychological signs in relation to the patient's

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chemical dependency. The presence of significant or unstable medical disorders or physical symptoms related to deteriorated personal health concomitant to chemical dependency also warrant admission at this level.

(b) Additionally, persons requiring this level of care must exhibit at least two of the following: a significant likelihood of the development of a withdrawal syndrome; previous history of having failed at attempts at outpatient withdrawal; the presence of isolated medical symptoms of concern; external mandates for inpatient treatment; a recent history of inability to function without some externally applied behavior controls; and significant denial of the severity of his/her own addiction. Environmental factors likely to prevent a patient from maintaining treatment progress merits admission to this level of treatment.

(c) Dimensional admission criteria must demonstrate compliance with the preceding descriptions and encompass the dimensions delineated in ARM 37.27.120(1)(j)(i) through (vii).

(d) Continued stay criteria shall be based on the above criteria to justify continuance at this level of care or transfer to a more or less restrictive treatment environment. A continued stay/utilization review must be documented at least once, at 10 to 20 days after admission.

(e) Discharge criteria shall be based on previous dimensional criteria to demonstrate successful completion of treatment or justification for an extension or transfer.

(2) Inpatient services shall include:

(a) Admission and screening services in accordance with admission criteria which substantiate the appropriateness of treatment based on a biopsychosocial assessment by a certified counselor, corresponding to the dimensional admission criteria. Additionally, determination of chemical dependency must be confirmed by the use of at least 3 cross-referenced diagnostic/assessment tools.

(b) Twenty-four hour, 7-day a week supervision in a hospital.

(c) A medical evaluation performed by a licensed physician and conducted upon admission. This shall include a medical history, physical examination and laboratory workup.

(d) Twenty to sixty hours of therapeutic contact time per week which includes at least four skilled treatment services per day for at least 5 days per week. Skilled treatment services include but are not limited to: psychotherapy, individual, group, and family counseling, structured educational presentations(lectures),educational groups, occupational and recreational therapy.

(e) Fourteen to twenty-five hours of group therapy per week, consistent with the client's individual treatment plan. Group therapy hours may include structured group dynamics, group educational experiences, group step work or other interpersonal group processes. Regular alcoholics anonymous meetings are not counted as group therapy hours.

(f) The structured educational series shall be presented in a logical, progressive format, which contains the essential elements for recovery. Lectures are offered 10 times per week.

(g) One session of documented individual counseling per week with certified or eligible counseling staff.

(h) Social and recreational activities.

(i) Other supportive services as deemed necessary by the program.

(j) Periodic assessment by treatment staff.

(k) Provision of a family counseling program. Preferably a structured 4 to 7 days of residential treatment.

(l) Referral, discharge and follow-up services that ensure continuity of care after discharge.

(m) Transportation services as appropriate.

(3) Staff requirements:

(a) There shall be qualified staff and supporting personnel necessary for the provision of inpatient care including registered nurse, licensed practical nurse, and certified counseling staff.

(b) A licensed physician or a list of rotating physicians responsible for admissions and on-call services.

(4) The program shall develop policies and procedures to address the previously listed services, staffing requirements and the criteria in ARM 37.27.115.

(5) Residential requirements for the inpatient care component shall include:

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- (b) Adequate food service which includes a 30-day menu and a week's food supply or contract for food services.
- (c) Availability of articles necessary for personal hygiene.
- (d) Access to medical/surgical/dental and psychiatric care.
- (e) A medical evaluation performed by a licensed physician shall be conducted upon admission. This shall include a medical history, physical examination and laboratory workup.
- (f) Adequate life support systems within the unit.
- (g) Availability of general care, emergency care and medication control in accordance with hospital standards.
- (h) Client admission register which designates date of admission, date of discharge, discharge and referral notes.
- (6) Client record keeping requirements specific to the inpatient care component shall include:
 - (a) ADIS admission and discharge forms.
 - (b) Date of admission.
 - (c) Admission note/utilization review which justifies the admission to this level of care based on compliance with dimensional admission criteria and results of diagnostic/assessment tools:
 - (d) Dimensional admission criteria checklist.
- (7) Program effectiveness and quality assurance efforts which include individual case review, quality assurance program and utilization review.
 - (a) Individual case review is a procedure for monitoring a client's progress and is designed to ensure the adequacy and appropriateness of services provided to that client and shall:
 - (i) Be designed to ensure that the care provided for the client is evaluated and updated weekly, according to the needs of each individual client.
 - (ii) Be accomplished through weekly staff meetings and/or reviews. All involved treatment staff must participate.
 - (iii) Ensure a staffing or review note is developed at the review and inserted in the progress notes. Corresponding updates and/or revisions to the treatment plan shall be documented on the plan.
 - (b) Quality assurance program is designed to identify problems by monitoring quality of care indicators and to initiate corrections in provider performance or to demonstrate that services provided are of optimal, achievable quality. To accomplish this, the process shall:
 - (i) Identify the most important aspects of services provided;
 - (ii) Utilize indicators to systematically monitor these aspects of care;
 - (ii) Evaluate services provided via indicators to identify problems or opportunities to further improve care; and
 - (iii) Implement corrective action to resolve problems or improve care.
 - (c) Utilization and effectiveness review is a process of using patient placement criteria to evaluate the necessity and appropriateness of allocated services and resources to ensure that the program's services are necessary, cost efficient and effectively utilized. Utilization and effectiveness reviews shall:
 - (i) Utilize patient placement criteria to justify the necessity of admissions, continued stay, transfer and discharge at timely intervals and document via a utilization review note.
 - (ii) Be designed to achieve cost efficiency, increase effective utilization of the program's services, and ensure the necessity of services provided.
 - (iii) Address under-utilization and inefficient scheduling as well as over-utilization of the program's resources.
 - (iv) Ensure methods for identifying utilization related problems including recidivism, supportive services, effectiveness of an after care plan based on verification of referrals and results of follow-up, as well as utilization of the findings of related quality assurance activities and all relevant documentation.
 - (v) Be conducted at least quarterly.

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(History: Sec. 53-24-204 and 53-24-208, MCA; IMP, Sec. 53-24-208, MCA; NEW, 1981 MAR p. 1899, Eff. 1/1/82; AMD, 1983 MAR p. 1463, Eff. 10/14/83; AMD, 1985 MAR p. 1768, Eff. 11/15/85; AMD, 1987 MAR p. 2383, Eff. 12/25/87; AMD, 1992 MAR p. 1477, Eff. 7/17/92; TRANS, from DOC, 1998 MAR p. 1502.)

37.27.130 INPATIENT - FREE STANDING CARE COMPONENT

REQUIREMENTS (1) Patient placement criteria shall address the following:

- (a) Persons requiring intensive residential care outside a hospital for the treatment of chemical dependency shall be admitted to this component. Persons manifesting signs and symptoms of a condition that warrants acute medical care and/or medical detoxification shall not be admitted but shall be referred to a licensed hospital.
- (b) Persons requiring this level of care must exhibit at least two of the following: a significant likelihood of withdrawal syndrome; previous history of having failed at attempts at outpatient withdrawal; the presence of a medical condition serious enough to warrant inpatient (non-hospital) management as determined by the licensed physician; the presence of isolated medical symptoms of concern; external mandates for inpatient treatment; a recent history of inability to function without some externally applied behavior controls; and significant denial of the severity of his/her own addiction. In addition, environmental factors likely to prevent a patient from maintaining treatment progress merits admission to this level of treatment.
- (c) Dimensional admission criteria must demonstrate compliance with the preceding descriptions and encompass the dimensions delineated in ARM 37.27.120(1)(j)(i) through (vii).
- (d) Continued stay criteria shall be based on the above criteria to justify continuance at this level of care or transfer to a more or less restrictive treatment environment. A continued stay/utilization review must be documented at least once, at 10 to 20 days after admission.
- (e) Discharge criteria shall be based on previous dimensional criteria to demonstrate successful completion of treatment or justification for an extension or transfer.

(2) Inpatient - free standing care services shall include:

- (a) Admission and screening services in accordance with admission criteria which substantiate the appropriateness of treatment based on a biopsychosocial assessment by a certified counselor, corresponding to the dimensional admission criteria. Additionally a determination of chemical dependency must be confirmed by the use of at least three cross-referenced diagnostic/assessment tools.
 - (b) Twenty-four hour, 7-day a week supervision in a community-based residential setting.
 - (c) A physical exam signed by a physician.
 - (d) Contract with a physician for physicals, referral and consultation with the staff nurse.
 - (e) Twenty to sixty hours of therapeutic contact time per week which includes at least four skilled treatment services per day for at least five days per week. Skilled treatment services include but are not limited to: psychotherapy, individual, group, and family counseling, structured educational presentations(lectures),educational groups, occupational and recreational therapy.
 - (f) Fourteen to twenty-five hours of group therapy per week, consistent with the client's individual treatment plan. Group therapy hours may include structured group dynamics, group educational experiences, group step work or other interpersonal group processes. Regular alcoholics anonymous meetings are not considered as group therapy hours.
 - (g) The structured educational series shall be presented in a logical, progressive format, which contains the essential elements for recovery. Lectures should be offered at least 10 times per week.
 - (h) Other supportive services as deemed necessary by the program.
 - (i) Periodic assessment by certified staff.
 - (j) Social and recreation activities.
 - (k) Family counseling services, as appropriate.
 - (l) Referral, discharge and follow-up services that ensure continuity of care after discharge.
 - (m) Transportation services as appropriate.
- (3) Staff requirements:

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- (a) Staff shall consist of a director, certified chemical dependency counselor(s), house manager(s), support staff, and a registered nurse or licensed practical nurse on staff for at least 4 hours per week.
- (b) A minimum of one staff member shall be on duty for admitting, treating and discharging purposes on a 24-hour, 7-day a week basis. House manager may be utilized for nights.
- (4) The program shall develop policies and procedures to address the previously listed service, staff requirements and the criteria in ARM 37.27.115.
- (5) Residential requirements for the inpatient - free standing care component shall include:

 - (b) Adequate food service which includes a 30-day menu and a week's food supply or contract for food services.
 - (c) Availability of articles necessary for personal hygiene.
 - (d) Contract with a licensed physician for physical referral, emergencies and consultation with the staff nurse.
 - (e) Access to medical/surgical, dental and psychiatric care.
 - (f) Medical policies and procedures which include: screening, care of residents with minor acute illnesses, medical emergencies, dangerous behavior, cardiopulmonary resuscitation, care of residents having convulsions, and first aid.
 - (g) Medication control which ensures the handling, storing and administration of medications within the program according to federal and state regulations. Note: Only a registered nurse or licensed practical nurse may administer medications, otherwise the self-administration system must be utilized.
 - (h) A safe, protective environment.
 - (i) Client admission register which designates date of admission, date of discharge, discharge and referral notes.
- (6) Client record keeping and reporting requirements specific to the inpatient -free standing care component shall include:
 - (a) ADIS admission/discharge forms.
 - (b) Date of admission.
 - (c) Admission note/utilization review, which justifies the admission to this level of care based on compliance with dimensional admission criteria and results of diagnostic/assessment tools.
 - (d) Dimensional admission criteria checklist.
 - (e) Biopsychosocial assessment.
 - (f) Documentation of a physical exam signed by a physician.
 - (g) Documentation of all supportive service contacts.
 - (h) Individualized treatment plan which is reviewed and updated weekly and responds to ARM 37.27.120(g).
 - (i) Progress notes shall be written at a minimum of 3 times a week and respond to ARM 37.27.120(h).
 - (j) Continued stay/utilization review note which justifies continuation of inpatient treatment or transfer based on dimensional criteria.
 - (k) Discharge summary that includes an account of the client's response to treatment which reviews the treatment plan and documents the client's progress in accomplishing treatment goals and an aftercare plan.
- (7) Program effectiveness and quality assurance efforts which include individual case review, quality assurance program, and utilization review.
 - (a) Individual case review is a procedure for monitoring a client's progress and is designed to ensure the adequacy and appropriateness of services provided to that client and shall:
 - (i) Be accomplished through weekly staff meetings and/or staff reviews. All involved treatment staff must participate.
 - (ii) Ensure that a staffing or review note is developed at the review and inserted in the progress notes. Corresponding updates and/or revisions to the treatment plan shall be documented on the plan.

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(b) Quality assurance program is designed to identify problems by monitoring quality of care indicators and to initiate corrections in provider performance or to demonstrate that services provided are of optimal achievable quality. To accomplish this, the process shall:

- (i) Identify the most important aspects of services provided;
- (ii) Utilize indicators to systematically monitor these aspects of care;
- (iii) Evaluate services provided via indicators to identify problems or opportunities to further improve care; and
- (iv) Implement corrective action to resolve problems or improve care.

(c) Utilization and effectiveness review is a process of using patient placement criteria to evaluate the necessity and appropriateness of allocated services and resources to ensure that the program's services are necessary, cost efficient and effectively utilized. Utilization and effectiveness reviews shall:

- (i) Utilize patient placement criteria to justify the necessity of admissions, continued stay, transfer and discharge at timely intervals and document via a utilization review note.
- (ii) Be designed to achieve cost efficiency, increase effective utilization of the program's services, and ensure the necessity of services provided.
- (iii) Address under-utilization and inefficient scheduling as well as over-utilization of the program's resources.
- (iv) Ensure methods for identifying utilization related problems including bed utilization, recidivism, completion ratios, supportive services and delays in the provision of supportive services, effectiveness of an aftercare plan based on verification of referrals and results of follow-up, as well as utilization of the findings of related quality assurance activities and all current relevant documentation.
- (v) Be conducted at least quarterly.

(History: Sec. 53-24-204 and 53-24-208, MCA; IMP, Sec. 53-24-208, MCA; NEW, 1981 MAR p. 1899, Eff. 1/1/82; AMD, 1983 MAR p. 1463, Eff. 10/14/83; AMD, 1985 MAR p. 1768, Eff. 11/15/85; AMD, 1987 MAR p. 2383, Eff. 12/25/87; AMD, 1992 MAR p. 1477, Eff. 7/17/92; TRANS, from DOC, 1998 MAR p. 1502.)

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37.27.135 INTERMEDIATE CARE (TRANSITIONAL LIVING) COMPONENT

REQUIREMENTS (1) Patient placement criteria shall address the following:

- (a) Persons who have recently received chemical dependency inpatient services and require a moderately structured living arrangement shall be admitted to this component. This level of care provides a transitional phase, which includes at least 5 contact hours per week in a supervised setting where vocational rehabilitation, occupational training, education or employment are encouraged.
- (b) Persons needing detoxification shall not be admitted or retained but shall be referred or transferred to an approved chemical dependency detoxification program or licensed hospital. Persons manifesting signs and symptoms of a condition that warrants acute medical care shall not be admitted but shall be referred to a licensed hospital.
- (c) Dimensional admission criteria must demonstrate compliance with the preceding descriptions and encompass the dimensions delineated in ARM 37.27.120(1)(j)(i) through (vii).
- (d) Continued stay criteria shall be based on the above criteria to justify continuance at this level of care or transfer to a more or less restrictive treatment environment. A continued stay/utilization review must be documented at least once, preferably at 6 weeks.
- (e) Discharge criteria shall be based on previous dimensional criteria to demonstrate successful completion of treatment or justification for an extension or transfer. Note: The alcohol and drug abuse division will develop sample criteria for this component.

(2) Intermediate care services shall include:

- (a) Admission and screening services in accordance with admission criteria.

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- (b) Twenty-four hour, 7-day a week supervision in a non-medical community-based residential treatment program.
- (c) Medical history and personal observation. Since clients are only accepted from inpatient care, it is assumed that an adequate medical evaluation has been performed and the results have been forwarded and included in the client's file.
- (d) Two sessions of group therapy per week, consistent with the client's individual treatment plan. Group therapy hours may include structured group dynamics, group educational experiences, group step work or other interpersonal group processes. Regular alcoholics anonymous meetings are not considered as group therapy hours.
- (e) Two sessions per month of documented individual counseling with certified or eligible counseling staff.
- (f) Other supportive services as deemed necessary by the program.
- (g) Periodic assessment by certified or eligible counseling staff.
- (h) Encouragement to participate in alcoholics anonymous or with support groups.
- (i) Efforts toward vocational rehabilitation, occupational training, education and/or job placement.
- (j) Social and recreational activities.
- (k) Family counseling services, as appropriate.
- (l) Referral, discharge and follow-up services that ensure continuity of care after discharge.
- (m) Transportation services as appropriate.
- (3) Staff requirements:
 - (a) Staff shall consist of a director, certified or eligible chemical dependency counselor(s) and house manager(s).
 - (b) A minimum of one staff member shall be on duty for admitting, treating and discharging purposes on a 24-hour, 7-day a week basis. A senior resident may be utilized for relief coverage if definite criteria for senior resident status has been established. Criteria must include a minimum of 3 months abstinence, record of progress, evidence of increased responsibility, and training.
- (4) The program shall develop policies and procedures to address the previously listed services, staffing requirements and the criteria in ARM 37.27.115.
- (5) Residential requirements for the intermediate component shall include:

 - (b) Adequate food service which includes a 30-day menu and a week's food supply.
 - (c) Availability of articles necessary for personal hygiene.
 - (d) Documented availability of a licensed physician for referral and emergencies.
 - (e) Access to medical/surgical, dental and psychiatric care.
 - (f) Medical policies and procedures which include: care of residents with minor acute illnesses, medical emergencies, dangerous behavior, cardiopulmonary resuscitation (CPR), care of residents having convulsions, and first aid. Since clients are only accepted from an inpatient component, it is assumed they will have received an adequate medical evaluation and the results forwarded and included in the client's file. Therefore, this component will only be required to take a medical history, make personal observations and check for medications.
 - (g) Medication control which ensures the handling, storing and administration of medications within the facility according to federal and state regulations. Note: Only a registered nurse or licensed practical nurse may administer medications, otherwise the self-administration system must be utilized.
 - (h) A safe, protective environment.
 - (i) Client admission register which designates the date of admission, date of discharge and discharge and referral notes.
- (6) Client record keeping and reporting requirements specific to the intermediate component shall include:
 - (a) ADIS admission/discharge form.
 - (b) Date of admission.

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- (c) Admission note/utilization review, which justifies the admission to this level of care based on compliance with dimensional/admission criteria.
- (d) Biopsychosocial assessment.
- (e) Dimensional admission criteria checklist.
- (f) Medical history and documentation that a medical evaluation occurred at the inpatient care program.
- (g) Documentation of all supportive service contacts.
- (h) Individualized treatment plan which is reviewed and updated monthly and responds to ARM 37.27.120(g).
- (i) Progress notes shall be written at a minimum of once per week and respond to ARM 37.27.120(h).
- (j) Continued stay/utilization review note which justifies continuation of intermediate care or transfer based on dimensional criteria.
- (k) Discharge summary that includes an account of the client's response to treatment which reviews the treatment plan and documents the client's progress in accomplishing the treatment goals and an aftercare plan.
- (7) Program effectiveness and quality assurance efforts which include individual case review, quality assurance program and utilization review.
 - (a) Individual case review is a procedure for monitoring a client's progress and is designed to ensure the adequacy and appropriateness of services provided to that client and shall:
 - (i) Be designed to ensure that the care provided for clients is evaluated and updated monthly, according to the needs of each client.
 - (ii) Be accomplished through weekly staff meetings and/or staff reviews. All involved treatment staff must participate.
 - (iii) Insure that a staffing or review note is developed at the staff review and inserted in the progress notes. Corresponding updates and/or revisions to the treatment plan shall be documented on the plan a minimum of once per month.
 - (b) Program effectiveness: review is a process of using patient placement criteria to evaluate the necessity and appropriateness of allocated services and resources to ensure that the program's services are necessary, cost efficient and effectively utilized. Utilization and effectiveness reviews shall:
 - (i) Utilize patient placement criteria to justify the necessity of admission, continued stay, transfer, discharge at timely intervals, and document via a utilization review note.
 - (ii) Be designed to achieve cost efficiency, increase effective utilization of the program's services, and ensure the necessity of services provided.
 - (iii) Ensure the collection, analysis and utilization of information which demonstrates program effectiveness. This shall include, but not be limited to, completion of goals and objectives, bed utilization, length of stay, completion ratios, employment and/or vocational/educational placements and follow-up data.

(History: Sec. 53-24-204 and 53-24-208, MCA; IMP, Sec. 53-24-208, MCA; NEW, 1981 MAR p. 1899, Eff. 1/1/82; AMD, 1983 MAR p. 1463, Eff. 10/14/83; AMD, 1985 MAR p. 1768, Eff. 11/15/85; AMD, 1987 MAR p. 2383, Eff. 12/25/87; AMD, 1992 MAR p. 1477, Eff. 7/17/92; TRANS, from DOC, 1998 MAR p. 1502.)

37.27.136 OUTPATIENT COMPONENT REQUIREMENTS (1) Patient placement criteria shall address the following:

- (a) Persons able to receive services on a non-residential and less intensive basis shall be admitted to this component. Persons needing detoxification, inpatient or intermediate care services shall be referred to an appropriate treatment program. Persons manifesting signs and symptoms of a condition that warrants acute medical care shall not be admitted but shall be referred to a hospital.
- (b) Persons should demonstrate stable physical or emotional/behavioral conditions, sufficient motivation, and supportive environmental factors to participate in this component. This level of care involves weekly sessions usually supplemented by involvement in self help groups. The intensity typically does not exceed 9 contact hours per week.

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- (c) Persons who have recently completed a more intensive level of care may utilize this level for aftercare services. This level of care also may be appropriate for protracted evaluation of patients who require some additional time to make a commitment to a more intensive recovery effort.
- (d) Dimensional admission criteria must demonstrate compliance with the preceding descriptions and encompass the dimensions delineated in ARM 37.27.120(1)(j)(i) through (vi).
- (e) Continued stay criteria shall be based on the above criteria to justify continuance at this level of care or transfer to a more restrictive treatment environment. A continued stay / utilization review must be documented at 45 days.
- (f) Discharge criteria shall be based on previous dimensional criteria to demonstrate successful completion of treatment or justification for an extension or transfer.
- (2) Outpatient services shall include:
 - (a) Admission and screening services in accordance with dimensional admission criteria which substantiates the appropriateness of treatment based on a biopsychosocial assessment corresponding to the dimensional admission criteria via utilization review.
 - (b) Crisis intervention, screening evaluation, individual, group and family counseling, intervention services, structured educational presentation, referral and transportation services, discharge and follow-up services.
 - (c) A plan for outreach activities which includes: target groups, methodology, and special emphasis programs.
 - (d) Availability of 24-hour, 7-day a week coverage.
 - (e) Assessments and evaluations shall be conducted by a certified chemical dependency counselor based on at least 3 cross-referenced diagnostic tools.
 - (f) A minimum of 2.5 counseling contacts per month.
 - (g) Treatment plan assessment/staffing every 45 days.
- (3) Staff requirements:
 - (a) Counseling staff shall be certified and trained in the field of chemical dependency counseling and education and shall demonstrate an ability to work with clients and a knowledge of the etiology of chemical dependency.
 - (b) Sufficient staff shall be available to provide 24-hour on-call services.
 - (c) Staff shall be familiar with community resources for referral, including medical, social, vocational, mental health, alcoholics anonymous, etc.
 - (4) The program shall develop policies and procedures to address the above listed services, staff requirements and criteria in ARM 37.27.115.
 - (5) Client record keeping and reporting requirements specific to the outpatient care component shall include:
 - (a) ADIS admission/discharge forms.
 - (b) Date of admission.
 - (c) Admission note/utilization review which justifies the admission to this level of care based on compliance with dimensional admission criteria are results of diagnostic tools, if applicable.
 - (d) Biopsychosocial assessment.
 - (e) Dimensional admission criteria checklist.
 - (f) Medical history.
 - (g) Documentation of all supportive service contacts.
 - (h) Individualized treatment plan which is reviewed and updated at least every 45 days and responds to ARM37.27.120(g).
 - (i) Progress notes shall be written following each contact (a minimum of once a month) and respond to ARM 37.27.120(h).
 - (j) Discharge summary that includes: compliance with dimensional criteria or transfer, an account of the client's response to treatment which reviews the treatment plan and documents the client's progress in accomplishing treatment goals and a follow-up plan.

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(6) Program effectiveness and quality assurance efforts which include individual case review and utilization and effectiveness review.

(a) Individual case review is a procedure for monitoring a client's progress and is designed to ensure the adequacy and appropriateness of the services provided to that client and shall:

(i) Be designed to ensure that the care provided to clients is evaluated and updated every 45 days, according to the needs of each client.

(ii) Be accomplished through staff meetings and/or quarterly staff reviews. All involved treatment staff must participate. In small rural programs with only one staff member, files shall be reviewed by that staff member.

(b) Utilization and effectiveness - review is a process of using patient placement criteria to evaluate the necessity and appropriateness of allocated services and resources to ensure that the programs services are necessary, cost efficient and effectively utilized. Utilization and effectiveness reviews shall:

(i) Utilize patient placement criteria to justify the necessity of admissions, continued stay, transfer and discharge at timely intervals and to document justification via a utilization review note.

(ii) Ensure the collection, analysis and utilization of information which demonstrates program effectiveness. This shall include, but not be limited to, completion of goals and objectives, average monthly caseloads, average contacts per client per month, completion ratios, employment and follow-up data.

(History: Sec. 53-24-204 and 53-24-208, MCA; IMP, Sec. 53-24-208, MCA; NEW, 1981 MAR p. 1899, Eff. 1/1/82; AMD, 1983 MAR p. 1463, Eff. 10/14/83; AMD, 1985 MAR p. 1768, Eff. 11/15/85; AMD, 1987 MAR p. 2383, Eff. 12/25/87; AMD, 1990 MAR p. 737, Eff. 4/13/90; AMD, 1992 MAR p. 1477, Eff. 7/17/92; TRANS, from DOC, 1998 MAR p. 1502.)

37.27.137 DAY TREATMENT COMPONENT REQUIREMENTS (1) Patient placement criteria shall be developed and address the following:

(a) Persons requiring a more intensive treatment experience than intensive outpatient treatment but do not require inpatient care. This level of care provides at least 5 hours of contact time per day for at least 4 days per week, for a total of 20 to 40 hours per week.

(b) Persons admitted to this level of care require the presence of minimal, if any symptoms of substance withdrawal; the ability to safely respond to and benefit from ambulatory detoxification, if necessary; the absence of significant or unstable physical or emotional/behavioral complicating conditions; the presence of a current impending episode of loss of control or a current threat of loss of control in a previously successful patient. Due to significant life disruptions and/or lack of social supports the patient requires an intensive outpatient treatment free from the distractions of work, school, family, and/or social problems to focus on recovery. Although the patient may acknowledge a need for change, ambivalence about treatment and problems in several dimensions require the resources of a multidisciplinary team.

(c) Dimensional admission criteria shall be developed to demonstrate compliance with the preceding descriptions and encompass dimensions delineated in ARM 37.27.120(1)(j)(i) through (vii).

(d) Continued stay criteria shall be developed based on the above criteria to justify continuance at this level of care or transfer to a more or less restrictive treatment environment. A continued stay/utilization review shall be documented at least once, preferably at 10 days.

(e) Discharge criteria shall be developed based on the previous dimensional criteria to demonstrate successful completion of treatment or justification for an extension or transfer.

(2) Day treatment services will be offered within an inpatient setting and all of the corresponding standards

pursuant to inpatient care will be applied with exception of 24 hour supervision and residential requirements.

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(History: Sec. 53-24-208,MCA;IMP,Sec.53-24-208,MCA;NEW,1992MARp.1477, Eff. 7/17/92; TRANS, from DOC, 1998 MAR p. 1502.)

37.27.138 INTENSIVE OUTPATIENT TREATMENT COMPONENT

REQUIREMENT (1) Patient placement criteria shall be developed and address the following:

(a) Persons should have only minimal (if any) continuing symptoms of intoxication or withdrawal; the presence of stable physical and emotional / behavioral conditions (if any); a recent history of behavioral deterioration with increasing life impairment. The client requires structured outpatient counseling involving 10 to 30 hours of program contact time per week in order to provide the necessary intensity of services without an inpatient placement. The client must be sufficiently accepting of treatment and have an environment which is adequate

to support recovery efforts. This level of care affords the client the opportunity to interact with the real world environment while still benefiting from a programmatic structured therapeutic milieu.

(b) Persons needing detoxification, inpatient, or intermediate care services shall be referred to an appropriate treatment program. Persons manifesting signs and symptoms of a condition that warrants acute medical care shall not be admitted but referred to a hospital.

(c) Dimensional admission criteria shall demonstrate compliance with the preceding descriptions and encompass the dimensions delineated in ARM 37.27.120(1)(j)(i) through (vii).

(d) Continued stay criteria shall be developed based on the above criteria to justify continuance at this level of care or transfer to a more or less restrictive treatment environment. A continued stay / utilization review shall be documented at three weeks following admission or as needed.

(e) Discharge criteria shall be developed based on previous dimensions to demonstrate successful completion of treatment which includes 90% completion of all required sessions or justification for an extension or transfer.

(2) Intensive outpatient services shall include:

(a) Admission and screening in accordance with dimensional admission criteria which substantiate the appropriateness of treatment based on a biopsychosocial assessment corresponding to the dimensional admission criteria via utilization review. Additionally, assessments shall include at least 3 cross-referenced diagnostic/assessment tools confirming a determination of chemical dependency. This assessment must be conducted by a certified chemical dependency counselor.

(b) Structured outpatient counseling equaling 10 to 30 hours per week consistent with the individualized treatment plan. The content of this service must be similar to inpatient treatment and offer the same foundations for recovery.

(c) A minimum of 2 skilled treatment services per day at least 3 times per week. One of the skilled treatment services must be group counseling of at least 2 to 3 hours in duration. Skilled treatment services may include group counseling, individual counseling, family counseling, and educational presentations (lectures).

(d) The structured educational series shall be presented in a logical, progressive format which contains the essential elements necessary for recovery.

(e) One session of documented individual counseling per week with a certified or eligible chemical dependency counselor.

(f) Other support services as necessary.

(g) Availability of professional consultation including medical.

(h) Direct affiliation with more intensive levels of care. This may be offered as part of the overall program or via contract/agreement.

(i) Encouragement of clients to attend A.A. twice weekly.

(j) Periodic assessment review and treatment plan update every 2 weeks.

(k) Provision of family services as appropriate.

(l) Referral, transfer, discharge, aftercare, and follow-up services that ensure a continuity of care.

(3) Staff requirements:

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- (a) Counseling staff shall be certified or eligible and trained in the field of chemical dependency counseling. Counselors conducting the IAP program shall demonstrate an ability to work with clients, a knowledge of the etiology of chemical dependency, and expertise in group skills.
 - (b) Availability of professional counseling services 24 hours per day, 7 days per week.
 - (c) The program shall provide sufficient staff to provide for all aspects of this service.
 - (d) Staff shall be familiar with community resources for referral including medical, social, vocational, mental health, spiritual, alcoholics anonymous and etc.
 - (4) Required policies and procedures: The program shall develop policies, procedures and plans to address the above listed services, staff requirements and criteria.
 - (5) Client record keeping and reporting requirements specific to the intensive outpatient component shall include:
 - (a) ADIS admission/discharge forms;
 - (b) Date of admission;
 - (c) Admission note/utilization review, which justifies the admission to this level of care based on compliance with dimensional admission criteria and results of diagnostic tools.
 - (d) Biopsychosocial assessment;
 - (e) Dimensional admission criteria checklist;
 - (f) Documentation of all supportive service contacts;
 - (g) Individualized treatment plan, which is reviewed and updated every 2 weeks and responds to ARM 37.27.120(h).
 - (h) continued stay/utilization review note which justifies continuation of IOP or transfer based on dimensional criteria;
 - (i) Progress notes written at a minimum of 3 times a week, reflecting required services i.e. 10 to 30 hours per week and responding to ARM 37.27.120(h).
 - (j) Discharge summary that includes: compliance with dimensional criteria or transfer; an account of the clients response to treatment; a review of the treatment plan and corresponding progress; reason for discharge and aftercare plan.
 - (6) Program effectiveness and quality assurance shall include:
 - (a) Individual case review is a procedure for monitoring a client's progress and is designed to ensure the adequacy and appropriateness of the services provided to that client and shall:
 - (i) Be designed to ensure that the care provided to clients is evaluated and updated every month, according to the needs of each client.
 - (ii) Be accomplished through reviews, which all involved treatment staff attend.
 - (b) Utilization and effectiveness review is a process of using patient placement criteria to evaluate the necessity and appropriateness of patient placement, allocated services and resources to ensure the program's services are necessary, cost efficient and effectively utilized. Utilization and effectiveness reviews shall:
 - (i) Utilize patient placement criteria to justify the necessity of admissions, continued stay, transfer and discharge at timely intervals and document justification via a utilization review note.
 - (ii) Be designed to achieve cost efficiency, increase effective utilization of program's services, and ensure the necessity of services provided;
 - (iii) Address under-utilization and inefficient scheduling as well as over-utilization of the programs resources.
 - (iv) Ensure methods for identifying and monitoring utilization and effectiveness related problems including analysis of the appropriateness and necessity of admission, caseload, continued stays, recidivism, completion ratios, frequency of services, and delays in the provision of services, effectiveness of the aftercare plan based on verification of referrals and results of follow-up, as well as utilization of the findings of related quality assurance activities and all current relevant documentation.
- (History: Sec. 53-24-208, MCA; IMP, Sec. 53-24-208, MCA; NEW, 1992 MAR p. 1477, Eff. 7/17/92; TRANS, from DOC, 1998 MAR p. 1502.)
- Subchapter 2 reserved*